

Bearsden and Milngavie Youth Orchestra
Application Form 2006–2007
To be completed by parent / guardian

Name of parent / guardian:

Address

.....Postcode.....

Home Tel. No.:.....Mobile Tel. No.:.....

Email address:.....

Children at BMYO

Name of child	Date of Birth	Instrument	Present grade

Important: Emergency Contact (*not* parent(s) / guardian):

(This is in case we cannot contact the parent or guardian directly in an emergency.)

Name.:Tel No(s):.....

Declarations

Please delete any sections that do not apply.

Medical: I undertake to inform the Chairperson of the Orchestra of any medical condition of my child which may affect his/her participation in the activities of the orchestra. I understand this information will be held in confidence and that it will be accessible to the adult in charge (if thought necessary) and the conductor of your child's group.

Photography/publicity: I give consent for my child to be photographed for publicity purposes, e.g. for newspaper articles or for an arts fair.

Gift Aid: Please help BMYO further at no extra cost by making the following Gift Aid declaration. Your subscription will increase in value because we can recover the basic rate income tax that you have paid on it. You must pay an amount of income tax or capital gains tax equal to the tax that we reclaim. If only one adult in a household pays income tax, that person should sign this declaration.

I would like the Bearsden and Milngavie Youth Orchestra to treat all donations that I make from the date of this declaration as Gift Aid donations.

Signed:Date:

This form must be completed and signed before your child(ren) can be left at BMYO.